

+

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

213202.00499

First Named Inventor or Application Identifier

James Samsoondar

Express Mail Label No.

APPLICATION ELEMENTS

See M.P.E.P. chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.
See 37 C.F.R. § 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>Total Pages</i> <input type="text" value="78"/></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. §113) <i>Total Sheets</i> <input type="text" value="8"/></p> <p>5. <input type="checkbox"/> Oath or Declaration <i>Total Sheets</i> <input type="text"/></p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)</p> <p>1. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed Statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R.
§§ 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 C.F.R. § 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer
Program (<i>Appendix</i>)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (C.R.F.)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|--|--|

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (M.P.E.P. § 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Change of Correspondence

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No. Unassigned (See Appln. Data Sheet)
Prior application information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☐ 27160
(Insert Customer No. or Attach bar code label here) or ☐ Correspondence address below

NAME

Address

City

State

Zip Code

Country

Telephone

Fax



041404

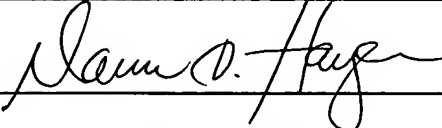
13281 U.S. PTO

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
U.S. PTO	TOTAL CLAIMS (37 C.F.R. § 1.16(c))	30 - 20 =	10	X \$18.00 =	\$ 180.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b))	3 - 3 =	0	X \$ 84.00 =	\$ 00.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. §1.16(d))			\$280.00 =	\$ 00.00
				BASIC FEE (37 C.F.R. § 1.16(a))	\$ 770.00
				Total of above Calculations = \$ 950.00	
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27, 1.28).				\$ 475.00
	TOTAL =				\$ 475.00

19. Small entity status

- a. ☐ A small entity statement is enclosed
- b. ☒ Small entity status was claimed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.
20. ☐ Please charge the amount of \$_____ to Deposit Account No. 50-1710 to cover the filing fee. A duplicate copy of the paper is attached.
21. ☐ Please charge the amount of \$_____ to Deposit Account No. 50-1710 to cover the recordal fee.
22. The Commissioner is hereby authorized to charge the above fees or credit overpayments or charge any deficiencies to Deposit Account No. 50-1710:
- a. ☐ Fees required under 37 C.F.R. § 1.16.
- b. ☐ Fees required under 37 C.F.R. § 1.17.
- c. ☐ Fees required under 37 C.F.R. § 1.18

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Dawn C. Hayes, Registration No. 44,751
SIGNATURE	
DATE	April 14, 2004